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<b>RESPONSE TRANSMITTAL</b>	Docket No.:	C00-033 / COG-P055US	Total Pages:	25
	Application No.: 09/842,948			
	Filing Date: 04/27/2001			
	First Named Inventor: John Petry			
	Art Unit: 2191			
	Examiner Name: Steelman, Mary J.			

ITEMS INCLUDED:	ADDRESS TO: <input checked="" type="checkbox"/> Mail Stop Amendment <input type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Response to Office Action dated January 24, 2008.  
☐ After Final.

2. ☒ Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is one (one) month; accordingly the appropriate non-small-entity fee is (\$120.00).  
☐ Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ .00).

3. ☐ Substitute Specification.

4. ☐ Information Disclosure Statement (IDS)/PTO-1449.  
☐ Copies of IDS citations.

5. ☐ Drawing(s) (35 USC 113) (Total Sheets: )  
☐ Informal, for approval of changes ☐ Formal

6. ☐ Excess claim fees:

Total Claims		Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
						Fee (\$)	Fee Paid (\$)
52	-20 or HP=	0	x	25	0	180	
HP = highest number of total claims paid for, if greater than 20							

Indep. Claims		Extra Claims		Fee (\$)	Fee Paid (\$)
5	-3 or HP=	0	x	100	0
HP = highest number of independent claims paid for, if greater than 3.					

7. ☐ Other Fees:

8. ☐ A check in the amount of the above-noted fees is enclosed.

9. ☒ Payment by credit card. Form PTO-2038 is attached.

10. ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (03-2357). A duplicate copy of this sheet is enclosed for this purpose.

11. ☐ Other Enclosure(s):

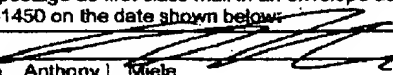
12. ☐ Remarks:

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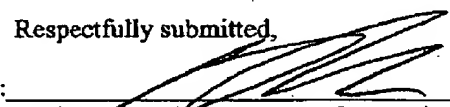
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(Executed Attachment to Page 1)

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Anthony L. Miele
Date	5/26/08

Dated: 5/26/08

Respectfully submitted,

By:

  
Anthony L. Miele, Attorney for Applicant(s)  
Registration Number 34,393  
Customer Number 23459 (Cognex Corp.)  
Miele Law Group PC  
165 Main St., Suite 304, Medway, MA 02053  
Phone: 508-533-4410 Fax: 508-319-3001

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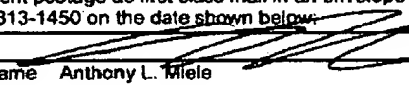
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<p>1. <input checked="" type="checkbox"/> Response to Office Action dated January 24, 2008.</p> <p style="margin-left: 40px;"><input type="checkbox"/> After Final.</p> <p>2. <input checked="" type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is one (one) month; accordingly the appropriate non-small-entity fee is (\$120.00).</p> <p style="margin-left: 40px;"><input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$ .00).</p> <p>3. <input type="checkbox"/> Substitute Specification.</p> <p>4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449.</p> <p style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS citations.</p> <p>5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: )</p> <p style="margin-left: 40px;"><input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal</p> <p>6. <input type="checkbox"/> Excess claim fees:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Total Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> <th style="text-align: left;"><u>Multiple Dependent Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>52</td> <td>-20 or HP= 0</td> <td>x 25</td> <td>0</td> <td></td> <td>180</td> <td></td> </tr> <tr> <td colspan="7">HP = highest number of total claims paid for, if greater than 20</td> </tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Indep. Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>5</td> <td>-3 or HP= 0</td> <td>x 100</td> <td>0</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </tbody> </table> <p>7. <input type="checkbox"/> Other Fees:</p> <p>8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.</p> <p>9. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>10. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (03-2357). A duplicate copy of this sheet is enclosed for this purpose.</p> <p>11. <input type="checkbox"/> Other Enclosure(s):</p> <p>12. <input type="checkbox"/> Remarks:</p>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	52	-20 or HP= 0	x 25	0		180		HP = highest number of total claims paid for, if greater than 20							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	5	-3 or HP= 0	x 100	0	HP = highest number of independent claims paid for, if greater than 3.			
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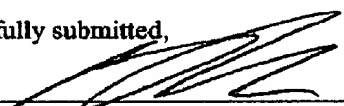
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By:   
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Customer Number 23459 (Cognex Corp.)  
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